

Application Data Sheet
APPLICATION INFORMATION

Application Number::

Filing Date:: 03/17/04

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable From (CRF)?:: No

Number of Copies of CRF::

Title:: PHARMACEUTICAL COMPOSITIONS OF CETP
INHIBITORS

Attorney Docket Number:: 227833

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 5

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Masaki
Middle Name::	
Family Name::	Sunami
Name Suffix::	
City of Residence::	Takatsuki-shi
State or Prov. of Residence::	Osaka
Country of Residence::	Japan
Street of mailing address::	c/o Japan Tobacco Inc. 1-1, Murasaki-cho
City of mailing address::	Takatsuki
State or Province of mailing address::	Osaka
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	569-1125
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Takanori
Middle Name::	
Family Name::	Serigano
Name Suffix::	
City of Residence::	Takatsuki-shi
State or Prov. of Residence::	Osaka
Country of Residence::	Japan
Street of mailing address::	c/o Japan Tobacco Inc. 1-1, Murasaki-cho
City of mailing address::	Takatsuki
State or Province of mailing address::	Osaka
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	569-1125

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation::	Registration Number::	Representative Name::
Primary		
Associate		

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non Provisional of	60/455,293	03/17/03
This application	Non Provisional of	60/460,521	04/04/03
This application	Non Provisional of	60/477,202	06/10/03
This application	Non Provisional of	60/493,649	08/08/03

FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
-----------	----------------------	---------------	------------------

ASSIGNEE INFORMATION

Assignee name:: Japan Tobacco Inc.
Street of mailing address:: 2-1 Toranomom 2-chome, Minato-ku
City of mailing address:: Tokyo

State or Province of
mailing address::

Country of mailing
address::

Japan

Postal or Zip Code of
mailing address::

105-8422